STIPEND REQUEST

PAYABLE TO: ________________________________ ID #:________________

Complete legal name

☐ Exempt
☐ Non-Exempt

AMOUNT: ________________________________

DATE(S) PAYMENTS IS/ARE DUE: ________________________________

GL ACCOUNT: ________________________________

REASON: (Either below or in an attached memo, please carefully describe the duties and expectations for the employee, the amount of compensation, how it is to be paid and the basis for compensation.)

1. Start and stop dates of work:

2. Number of weeks employed:

3. Expected hours per week:

4. Expected total hours:

5. Hourly rate:

Description of work:

__________________________________________

Requested By: ________________________________ DATE: __________

Print Name

VP Approval: ________________________________ DATE: __________

HR Approval: ________________________________ DATE: __________

Rev 5.2014